UNIVERSITY OF NAIROBI
COLLEGE OF BIOLOGICAL AND PHYSICAL SCIENCES
SCHOOL OF PHYSICAL SCIENCES
CUSTOMER SERVICE FEEDBACK
The Dean’s Office, School of Physical Sciences (SPS) is committed to offering high quality services to all our esteemed customers. Towards this end, please fill this form and place it in the suggestion box. This will help us to know if we are achieving the stated goal or not. Information given in this form will be treated in strict confidence.

1. Your Gender
   - Male
   - Female

2. Your age bracket (years)
   - Below 25
   - 26-35
   - 36-45
   - 46-55
   - above 55

3. Kindly state your relationship with Dean’s Office, SPS
   - Staff
   - Student
   - Parent
   - Others (specify)

1. A) In which Office or section were you attended?
   - Dean’s Office
   - Snr Administrative Asst
   - Computer Section
   - Registry Clerk

   B) Who attended to you?
   - Dean
   - Secretary
   - Senior Admin Assistant
   - Senior Comp Tech
   - Ground flr
   - Computer Technologist (Basement)
   - Clerk

   Others (specify)

2. How do you rate the quality of our services?
   - Excellent
   - Good
   - Fair
   - Poor

3. How do you rate our staff with regard to attitude, courtesy and professionalism?
   - Excellent
   - Good
   - Fair
   - Poor

4. How long did it take you to be served?
   - Fast
   - Long
   - Very long

5. Would you like us to contact you for follow up?
   - Excellent
   - Good
   - Fair
   - Poor

Please specify your complaint, compliment or suggestion on what to improve if any.

Name .................................................................................. Signature ...........................................
Address ............................................................................. Telephone No. ..................................
Email .................................................................................. Date ..................................................

UNIVERSITY OF NAIROBI
COLLEGE OF BIOLOGICAL AND PHYSICAL SCIENCES
SCHOOL OF PHYSICAL SCIENCES
CUSTOMER SERVICE FEEDBACK
The Dean’s Office, School of Physical Sciences (SPS) is committed to offering high quality services to all our esteemed customers. Towards this end, please fill this form and place it in the suggestion box. This will help us to know if we are achieving the stated goal or not. Information given in this form will be treated in strict confidence.

1. Your Gender
   - Male
   - Female

2. Your age bracket (years)
   - Below 25
   - 26-35
   - 36-45
   - 46-55
   - above 55

3. Kindly state your relationship with Dean’s Office, SPS
   - Staff
   - Student
   - Parent
   - Others (specify)

1. A) In which Office or section were you attended?
   - Dean’s Office
   - Snr Administrative Asst
   - Computer Section
   - Registry Clerk

   B) Who attended to you?
   - Dean
   - Secretary
   - Senior Admin Assistant
   - Senior Comp Tech
   - Ground flr
   - Computer Technologist (Basement)
   - Clerk

   Others (specify)

2. How do you rate the quality of our services?
   - Excellent
   - Good
   - Fair
   - Poor

3. How do you rate our staff with regard to attitude, courtesy and professionalism?
   - Excellent
   - Good
   - Fair
   - Poor

4. How long did it take you to be served?
   - Fast
   - Long
   - Very long

5. Would you like us to contact you for follow up?
   - Excellent
   - Good
   - Fair
   - Poor

Please specify your complaint, compliment or suggestion on what to improve if any.

Name .................................................................................. Signature ...........................................
Address ............................................................................. Telephone No. ..................................
Email .................................................................................. Date ..................................................

Name .................................................................................. Signature ...........................................
Address ............................................................................. Telephone No. ..................................
Email .................................................................................. Date ..................................................